



Federal Bureau of Investigation
Training Division
Trainee Management Unit

DISMISSAL FORM

TO: ☒ NAT ☐ NIAT ☐ NSOST (name): Seth Markin

FROM: Training Division, Trainee Management Unit

This form is to advise you of your dismissal from:

☒ BFTC ☐ SOSBT (Class/Section #): 21-05-A

The Training Division has developed or received information which indicates you have failed to meet one or more of the requirements specified in the document entitled:

- ☒ Basic Field Training Course, New Agent and Intelligence Analyst Graduation Requirements
☐ Staff Operations Specialists Basic Training Graduation Requirements

dated 11/18/21, which you signed at the inception of training, annotating your understanding of the document and the rules and requirements it sets forth. Specifically, you have failed to meet the following requirement (s):

(check all that apply)

- ☐ Academics (written or web-based)
☐ Performance (producing or performing a work related tasks)
☐ Law Enforcement Skills (firearms, defensive tactics, tactical training and tactical judgement)
☐ Suitability (suitability dimensions, core values, standards of conduct, honor code)
☒ Other: Security clearance ~~revoked~~ ^(u) suspended

The Training Division will facilitate your transportation to your residence or home of record. Prior to leaving the Academy, you will be required to execute a departure itinerary form which details your travel plans, and provides your immediate and future contact information.

SM Trainee's initials

DISMISSAL FORM

TD/TMU

Page 2 of 2

This Dismissal Form documents your dismissal from the respective training program at the FBI Academy. You are hereby notified you are ineligible to return back to the program from which you are being dismissed. A determination regarding any future employment status with the FBI will be made by the Human Resources Division. If you have any questions regarding this action, please contact the Administrative Services Unit at (703) 632-3165.

Trainee:

Seth Markin

Print Name

Seth Markin

Signature

11/18/21

Date

Class Supervisor:

MARTIN Licciareo

Print Name

Martin Licciareo

Signature

11/18/21

Date

Witness:

Ann Kleinschmidt

Print Name

Ann Kleinschmidt

Signature

11/18/21

Date

Unit Chief:

Matthew Fowler

Print Name

mmh

Signature

11/18/21

Date

DEPARTURE AND TRAVEL ITINERARY

TD/TMU

Page 2 of 3

Date of Departure: 11/18/21

CURRENT PAY PERIOD ON THE DATE OF DEPARTURE
(dates: 11/7/21 to 11/20/21)

Week 1			Week 2		
Date			Date		
<u>11/8</u> M	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []	<u>11/15</u> M	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []
<u>11/9</u> T	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []	<u>11/16</u> T	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []
<u>11/10</u> W	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []	<u>11/17</u> W	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []
<u>11/11</u> Th	<u>8</u> LWOP-AL []	<u>8 HOLIDAY</u> AL (____ hrs.) []	<u>11/18</u> Th	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []
<u>11/12</u> F	<u>8</u> LWOP-AL []	<u>2</u> AL (____ hrs.) []	<u>11/19</u> F	<u>0</u> LWOP-AL []	<u>0</u> AL (____ hrs.) []

NEXT PAY PERIOD
(dates: _____ to _____)

Week 1			Week 2		
Date			Date		
____ M	LWOP-AL []	AL (____ hrs.) []	____ M	LWOP-AL []	AL (____ hrs.) []
____ T	LWOP-AL []	AL (____ hrs.) []	____ T	LWOP-AL []	AL (____ hrs.) []
____ W	LWOP-AL []	AL (____ hrs.) []	____ W	LWOP-AL []	AL (____ hrs.) []
____ Th	LWOP-AL []	AL (____ hrs.) []	____ Th	LWOP-AL []	AL (____ hrs.) []
____ F	LWOP-AL []	AL (____ hrs.) []	____ F	LWOP-AL []	AL (____ hrs.) []

Additional instructions/comments regarding leave: _____

SM Trainee's initials